IPDR6702				NORTH CAROLINA		PAGE:	1	
	: 04/14/2008			HECKWRITE SUMMARY REPORT		PAGE:	Ī	
				WRITE DATE: 04/15/2008				
			F	INANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901		5404	228	SEVERE DUPLICATE: SAME ATTD PR				
3404901	SMOKY MOUNTAINM H/DD/SAS	5404	220	OV/PCODE/TOS/DOS/MOD				
	R/DD/SAS							
		8599	189	DETAIL NOT COVERED BY COMBINAT	3	909	6009	5100
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8800	169	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404904	WESTERN HIGHLAN	8505	846	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		537	781	PROCEDURE IS NOT COVERED FOR T				
		33.	701	HIS DATE OF SERVICE	(1804	8570	6766
	1	1					1	
		101						
		191	54	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
				** ***TEMI NAME				
				<u> </u>				
3404910	PATHWAYS	8800	324	FURTHER PROCESSING NECESSARY,				
_		-		PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	18	DETAIL NOT COVERED BY COMBINAT		399	5908	5509
				ION OF RECIPIENT, PROVIDER AND	,	333	3500	3303
				BENEFIT PACKAGE.				
		11	15	CLIENT NOT ELIGIBLE ON SERVICE				
		11	13	DATE				
3404912	CATAWBA COUNTYM	8505	32	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8599	8	DETAIL NOT COVERED BY COMBINAT	(54	3039	2945
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		3746	6	RELATED CODES NOT ALLOWED SAME				
				DATE OF SERVICE.				
3404913		8800	1937	FURTHER PROCESSING NECESSARY,				
3404313	MECKLENBURG COM ENTAL HEALT	6600	1937	PLEASE CHECK FOR CLAIM ON				
	IIIIII IIIIII			FUTURE RA'S.				
		21	1028	DUPLICATE OF CLAIM-SYSTEM	(4301	170239 1	65938
	+							1
	1	1					1	
		8326	353	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON THIS CLAIM OF THE NET SUBMITTE				
	+			THIS CLAIM OR THE NPI SUBMITTE	-	-	1	
3404916	CROSSROADS BEHA	8800	150	FURTHER PROCESSING NECESSARY,	 		 	
	VIORAL HEAL			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
	-	79	25	THIS SERVICE IS NOT PAYABLE TO	ļ .			1000
	+			YOUR SUBMITTED BILLING		194	1901	1707
		1		PROVIDER TYPE AND SPECIALTY IN			1	
		8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	-		1	
				BENEFIT PACKAGE.	-	-	1	
		1						
3404917	CENTERPOINT HUM	8505	284	CLAIM DENIED DUE TO INSUFFICIE				
3404917	CENTERPOINT HUM AN SERVICES	8505	284	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404917		8505	284					
3404917		8505 8800	284			522	40.60	3536
3404917				NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	(533	4069	3536
3404917				NT BUDGET FURTHER PROCESSING NECESSARY,	(533	4069	3536
3404917		8800	68	NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	(533	4069	3536
3404917				NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	(533	4069	3536

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404919		8800	85	FURTHER PROCESSING NECESSARY,			-	
	GUILFORD CO MEN TAL HEALTHC			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	23	DETAIL NOT COVERED BY COMBINAT	0	117	1017	900
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8536	5	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
				VALLE FOR SUBMITTED BILLING FR				
3404920	ALAMANCE CASWEL	8534	195	SERVICE FACILITY LOCATION IS N				
	L AREA MH D			OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
		79	141	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	474	13099	12625
				PROVIDER TYPE AND SPECIALTY IN				
		8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404921		8505	929	CLAIM DENIED DUE TO INSUFFICIE				
3101921	ORANGE PERSON C HATHAM AREA	6303	323	NT BUDGET				
		8536	234	ATTENDING PROVIDER TYPE AND SP		1356	2877	1521
				ECIALTY COMBINATION IS NOT	0	1336	20//	1521
			<u> </u>	VALID FOR SUBMITTED BILLING PR				1
		8599	87	DETAIL NOT COVERED BY COMBINAT				1
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8800	1233	FURTHER PROCESSING NECESSARY,				
	ER			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FOUND RR S.				
		191	49	CLIENT ID NUMBER DOES NOT MATC	0	1317	3791	2474
				H PATIENT NAME				
		21	35	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	8800	211	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	60	DETAIL NOT COVERED BY COMBINAT		240	3791	3449
			-	ION OF RECIPIENT, PROVIDER AND		342	3791	3449
				BENEFIT PACKAGE.				
		21	36	DUPLICATE OF CLAIM-SYSTEM				
							-	
3404925	SANDHILLS CENTE	21	12405	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		+						
		8800	1738	FURTHER PROCESSING NECESSARY,	1	15175	212094 1	96919
		 		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		191	328	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		+						
3404926	SOUTHEASTERN RE G MENTAL HL	8599	66	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	O MENTAL RE		<u> </u>	BENEFIT PACKAGE.				L
		22	44	CEDITICE DECLIDES PRIOR APPROVA				
		23	44	SERVICE REQUIRES PRIOR APPROVA L	0	212	3013	2801
		8505	32	CLAIM DENIED DUE TO INSUFFICIE				
		<u> </u>		NT BUDGET				
		<u> </u>	<u> </u>					
3404927	CUMBERLAND CO M	8329	37	CLAIM DENIED ATTENDING PROVIDE				
	HC			R CANNOT BE THE SAME AS				
		 		THE LMA				
		8599	29	DETAIL NOT COVERED BY COMBINAT	0	72	1543	1471
			L	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				1
								1
		5404	2	SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
2404020		nene.	504					
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	584	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	Paris IIIIIC							
		3102	542	THE TAXONOMY CODE FOR THE BILL				
		3102	312	ING PROVIDER	0	1456	2791	1335
				IS MISSING				
		8326	144	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404931	WAKE CO HUM SVC	8505	425	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		8800	302	FURTHER PROCESSING NECESSARY,	21	1164	2866	1702
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				. 0.000 200 0.				
		21	90	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT	8505	5217	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	578	FURTHER PROCESSING NECESSARY,	0	5991	6365	374
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		1	l	FOURE RA'S.				
		8599	155	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DANIE I I POLOGIE.				
3404934	ONSLOW CARTERET	8505	380	CLAIM DENIED DUE TO INSUFFICIE				
	BEHAV HEAL			NT BUDGET				
		143	208	CLIENT ID NUMBER NOT ON STATE	0	903	1923	1020
				ELIGIBILITY FILE				
		11	121	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DALE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
	HEALIN CIR							
		0	0					
		0	U		0	0	0	0
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		U	U		0	0	0	0
3404937	THE BEACON CENT	8654	6	ONLY 16 UNITS ALLOWED PER DAY				
	ER	1	l	WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
		0	0		0	6	2733	2727
3404939	EAST CAROLINA B	8800	317	FURTHER PROCESSING NECESSARY,				
	EHAVIORAL H	1		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		1						
		8599	54	DETAIL NOT COVERED BY COMBINAT	0	526	5800	5274
		 		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		7001	51	EXCEEDS THE ONE PER DAY LIMITA				
		1		TION				
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H	1						
	1							
					- 0	0	0	0
		0	0		-			
		0	0					
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
3404942		0	0	*** NO DATA TO REPORT ***				
3404942		0	0	*** NO DATA TO REPORT ***	0	0	0	0

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	8534	44	SERVICE FACILITY LOCATION IS N				
	L HEALTH CE			OT A VALID IPRS ATTENDING				
				PROVIDER, OR THE NPI SUBMITTED				
		8599	25	DETAIL NOT COVERED BY COMBINAT		1 178	1470	1292
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	25	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404944	EASTPOINTE HUMA	8599	28	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		101	4					
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME		0 37	2000	1963
				H PATIENT NAME				
		8536	2	ATTENDING PROVIDER TYPE AND SP				
		0030	2	ECIALTY COMBINATION IS NOT				-
				VALID FOR SUBMITTED BILLING PR				
				VALID FOR SUBMITTED BILLING PR				-
3404946		79	62	THIS SERVICE IS NOT PAYABLE TO				+
3101310	FOOTHILLS AREAM ENTAL HEALT	1.5	02	YOUR SUBMITTED BILLING				+
	ENTAL HEALT			PROVIDER TYPE AND SPECIALTY IN				+
								+
		23	1	SERVICE REQUIRES PRIOR APPROVA		0 63	84	1 21
				L		0 63	0.	21
								+
								+
3404949	PIEDMONT BEHAVI	537	8	PROCEDURE IS NOT COVERED FOR T				+
	ORAL HEALTH			HIS DATE OF SERVICE				+
	Olom Immirii							+
								+
		8000	7	NO RATE AVAILABLE ON FILE TO P		0 16	48	3 32
	+		-	RICE THIS CLAIM DETAIL			- 10	1 34
						1		
	1				1	1		+
	1	3101	1	THE TAXONOMY CODE FOR THE ATTE	1	1		+
	1			NDING PROVIDER	1	1		+
				IS MISSING		+		†